



CITY OF SANTA BARBARA

PERMIT APPLICATION PROCESS MASSAGE TECHNICIAN

Finance File #

Police Department
ID #

City Stamp/Paid

Name of Applicant _____

Follow the steps below to process your application:

At City Hall De La Guerra Plaza	Permit processing hours are Monday through Friday, 8:00 a.m. to 3:00 p.m., except for holidays.	Date completed and City Agent's Initials
Step 1	Submit a completed Application for City Permit form along with: <ul style="list-style-type: none"> ▪ Written statements of at least five (5) bona fide residents of the City of Santa Barbara that the applicant is of good moral character.(must include phone/address of the reference) ▪ Written proof that the applicant is over the age of eighteen (18) years. ▪ Two (2) passport photographs (1 ½ inches by 2 inches). ▪ The massage or similar business tax history of the applicant; whether such person, in previously operating in this or another City or State under permit, has had such permit revoked or suspended, the reason thereof, and the business activity or occupation subsequent to such action of suspension or revocation. ▪ A certificate from a medical doctor stating that the applicant has, within thirty (30) days immediately prior thereto, been examined and found to be free of any contagious or communicable disease (TB). Note: NO WAIVERS WILL BE ACCEPTED. ▪ A copy of a diploma or certificate of graduation from a recognized school or other institution of learning wherein the method, profession, and work of massage technicians is taught. 	
Step 2	Submit a completed Authorization to Release Information form.	
Step 3	Pay a \$52.00 application fee.	
Step 4	Receive a Request for Live Scan form, filled out by City Hall staff.	
At Home		
Step 5	Set up an appointment to be fingerprinted at the Police Department. Call (805) 897-2355 to set up your appointment. Fingerprints are processed between 1:20 p.m. and 4:25 p.m., Monday through Friday, except for holidays. 215 E. Figueroa St. Santa Barbara	
Step 6	Retain copy of Santa Barbara Municipal Code, Chapter 5.76 for your use.	
At the Police Department 215 E Figueroa St		
Step 7	Go to the Records Bureau to be fingerprinted. Make sure you have your Request for Live Scan form with you in your packet.	
Step 8	After you have been fingerprinted, go to the Investigative Division office and leave your application packet with Tricia Knight. She may be reached at (805) 897-2333 if you have any questions. Please do not leave your application at the Records Bureau.	

POLICE DEPARTMENT USE ONLY

To be completed by Police Permit Investigator:

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City of Santa Barbara Police Department records check on applicant,

Warrants
B.U.S.T.E.D.
D.M.V.

☐

Criminal history check on fingerprints and fingerprints returned from D.O.J.

Police Permit Investigator's recommendations on the issuance of the permit to the applicant:

CHIEF OF POLICE:

Approval of permit application: _____ Date: _____

Disapproval of permit application: _____ Date: _____



CITY OF SANTA BARBARA

APPLICATION FOR CITY PERMIT

Assigned Permit/ID Number

Finance Dept B/L

Santa Barbara Municipal Code,
Chapter 5.76

TYPE: MESSAGE TECHNICIAN

Please complete the following:

Date of Application:

Name:

A.K.A. (list "also known as" names):

Residence Address (include street, city, and zip code):

Mailing Address, if different (include street, city, and zip code):

Phone Number:

Social Security No:

California Driver's License No.
(submit photocopy)

Are you a U.S. citizen?

Date of Birth:

Place of Birth:

Color of Hair:

Color of Eyes:

Height:

Weight:

Length of time in Santa Barbara:

Length of time in California:

List the full address for your places of residence over the past five years, starting with the most recent. After the address, show the dates (month and year) at each residence.

1. _____

(from _____ to _____)
2. _____

(from _____ to _____)
3. _____

(from _____ to _____)
4. _____

(from _____ to _____)
5. _____

(from _____ to _____)

List your last five places of employment. Start with your current or most recent employer. List by business name, address, business phone number, and dates (month and year) of employment.

1. _____

(from _____ to _____)
2. _____

(from _____ to _____)
3. _____

(from _____ to _____)
4. _____

(from _____ to _____)
5. _____

(from _____ to _____)

Proposed Business Name: _____

List similar permits presently or previously issued in another city or state. List by permit title, city and state of issuance.

**Arrest History: If you have had any arrests, list all of them. Use an additional sheet if necessary.
Give the date (approximate), place (city and state), and the reason for the arrest.**

Date:

Place (city and state):

Reason:

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Applicant's Signature

Date



CITY OF SANTA BARBARA

AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF SANTA BARBARA, POLICE DEPARTMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (*Permit Applicant's Name*)

Signature (*Permit Applicant*)

Date